

HPV Vaccine: Overcoming Barriers, Optimizing Care, Immunizing On Time

Coulee Region Immunization Symposium

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Department of Pediatrics

Gundersen Health System

American Academy of Pediatrics

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I have no financial disclosures or conflicts of interest and will not discuss any treatments that are not approved by the FDA

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Objectives

- Identify the common barriers to HPV vaccination and opportunities to improve HPV vaccine rates
- Describe how to systematically improve HPV vaccine rates by: improving access, developing standing orders, standardizing workflows and scheduling, and developing a system for alerts, reminders, and recall
- Discuss the importance of a strong provider recommendation in family acceptance of HPV vaccine including C-A-S-E technique or motivational interviewing

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Without vaccination, annual burden of genital HPV-related disease in U.S. *females*:

4,000 cervical cancer deaths
10,846 new cases of cervical cancer

330,000 new cases of HSIL: CIN2/3
(high grade cervical dysplasia)

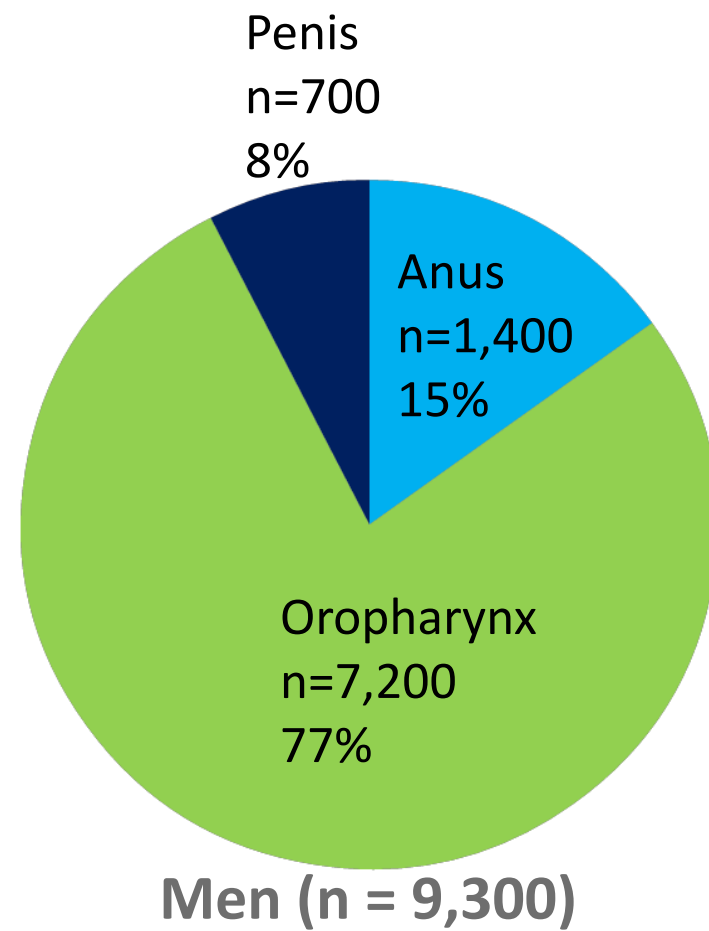
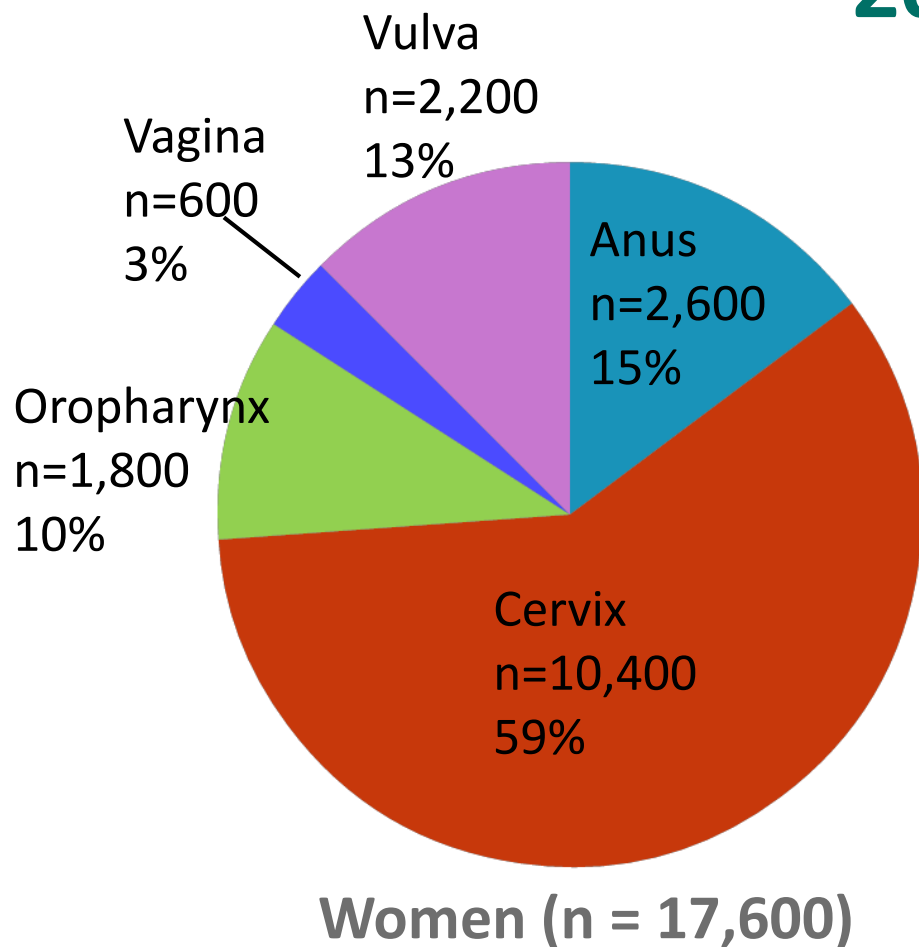
1 million new cases of genital warts

1.4 million new cases of LSIL: CIN1
(low grade cervical dysplasia)

3 million cases and \$7 billion

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Why HPV Vaccine is important: New cancers caused by HPV per year in United States 2006-2010



Barriers to HPV Vaccination

- Missed Opportunities
- Vaccine Hesitancy
 - Patient/Family Hesitancy
 - Health Care Provider Hesitancy
- Lack of systematic continuous improvement processes

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Top 10 Interventions

1. Requiring vaccination records at initial appointment
2. Reviewing vaccination status at all visits
3. Vaccinating at acute visits
4. Integrating registry into daily workflow
5. Implementing a recall system
6. Implementing standing orders for routing and 'shot only' visits
7. Utilizing non-confrontational communication with parents
8. Clinician and staff training on vaccine office systems and communication strategies
9. Ensuring accurate patient lists
10. Using data and rapid cycle testing to continuously improve

How to Overcome Missed Opportunities: Individual HCP

- Immunize at every visit type
 - Require records, check immunization status at every visit including system, registry, school data
 - Immunize at any visit
 - Health maintenance visits
 - Acute care visits
 - Visits for chronic care
 - Become familiar with true contraindications for vaccination
 - True contraindications are very rare

How to Overcome Missed Opportunities: System-based

- Optimize access to care
- Standardize scheduling processes to make sure the entire series is completed
- Use alert, reminder, recall systems

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How to Overcome Missed Opportunities: System-based

- Access
 - Create standing orders and policies for “vaccine only” visits
 - Consider expanded hours (beyond typical business hours)
 - Optimize support and provider staffing
 - Match supply and demand
 - Collaboration with other providers of vaccines
 - Local Health Department
 - Pharmacies
 - School Clinics

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How to Overcome Missed Opportunities: System-based

- Start HPV vaccine at age 9 years
 - For some families eliminates the concerns about sexual transmission
 - Allows more opportunities to complete at an earlier age
- Standardize scheduling processes
 - Helpful for follow-up doses
- Alerts, Reminders, Recall
 - Develop system(s) to identify children who need immunizations
 - Staff protocols
 - Post-cards
 - Electronic
 - State immunization registries
 - Centralized, systematic processes

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How to Overcome Missed Opportunities

Patient reminder and recall interventions to improve immunization rates (Review)

Jacobson Vann JC, Jacobson RM, Coyne-Beasley T, Asafu-Adjei JK, Szilagyi PG

Cochrane Database of Systematic Reviews 2018, Issue 1. Art. No.: CD003941.

DOI: 10.1002/14651858.CD003941.pub3.

www.cochranelibrary.com

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Vaccine Hesitancy

- WHO Definition
 - **Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccination services. Vaccine hesitancy is complex and context specific varying across time, place and vaccines. It includes factors such as complacency, convenience and confidence.**

http://www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/

<https://www.cdc.gov/vaccines/hcp/conversations/conv-materials.html>

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Patient-Family Hesitancy

- Fear of pain
- Needle phobia
- General vaccine myths
- Misconceptions and myths specific to HPV vaccine



Health Care Provider Hesitancy

- Health care provider misconceptions
- Lack of knowledge and training to dispel myths
- Fear of controversy
- Concerns about the lack of time to spend on vaccine counseling

How to Overcome Vaccine Hesitancy

- Needle phobia-Fear of Pain
 - Staff training to alleviate anxiety
 - Protocols for pain relief

Interventions for Individuals With High Levels of Needle Fear

Systematic Review of Randomized Controlled Trials and Quasi-Randomized Controlled Trials

C. Meghan McMurtry, PhD, C Psych, † ‡ Melanie Noel, PhD, §
Anna Taddio, BScPhm, MSc, PhD, || ¶ Martin M. Antony, PhD, C Psych, #
Gordon J.G. Asmundson, PhD, RD Psych, **
Rebecca Pillai Riddell, PhD, C Psych, ¶ † ‡ † † †
Christine T. Chambers, PhD, R Psych, §§ || ¶ ¶ ¶ ¶ ¶
and HELPinKids&Adults Team*

Clin J Pain. 2015 Oct; 31(Suppl 10): S109–S123

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How to Overcome Vaccine Hesitancy

- Communication style influences parental choices regarding vaccines
- Multiple studies have demonstrated that health care provider recommendation and attitude regarding childhood vaccines matters
- Discuss the vaccines as part of the routine not as an optional activity
- Make sure that all levels of support staff deliver the same message
- Present the discussion with a positive attitude
- Persist in discussing at subsequent visits

How to Overcome Vaccine Hesitancy

PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Vaccine Attitudes, Concerns, and Information Sources Reported by Parents of Young Children: Results From the 2009 HealthStyles Survey

Allison Kennedy, Michelle Basket and Kristine Sheedy

Pediatrics 2011;127:S92

DOI: 10.1542/peds.2010-1722N originally published online April 18, 2011;

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How to Overcome Vaccine Hesitancy

WHO MOST INFLUENCES ADULTS' DECISIONS TO GET IMMUNIZED?

Personal physician	69 percent
Family member	19 percent
Celebrity physician, public figure, other	7 percent
None of the above	4 percent
No answer	1 percent

Source: National Foundation for Infectious Diseases, 2009 National Adult Immunization Consumer Survey. In: Landers SJ. Physicians asked to persuade adults to get immunized. *American Medical News*. 2009. Available at: <http://www.amednews.com/article/20090803/profession/308039978/7/>. Accessed Feb. 17, 2014.



Parent-Provider Communication of HPV Vaccine Hesitancy

Laura A. Shay, Austin S. Baldwin, Andrea C. Betts, Emily G. Marks, Robin T. Higashi, Richard L. Street Jr, Donna Persaud, Jasmin A. Tiro

...our exploratory analysis reveals that providers engaging hesitant parents and addressing their concerns can lead to same-day HPV vaccination.

How to Overcome Vaccine Hesitancy

- Motivational Interviewing for Vaccines
- C-A-S-E technique

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Motivational Interviewing for Vaccines

[J Health Commun](#). 2018;23(4):313-320. doi: 10.1080/10810730.2018.1442530. Epub 2018 Feb 23.

Improving Provider Communication about HPV Vaccines for Vaccine-Hesitant Parents Through the Use of Motivational Interviewing.

[Reno JE¹](#), [O'Leary S¹](#), [Garrett K²](#), [Pyrzanowski J¹](#), [Lockhart S¹](#), [Campagna E¹](#), [Barnard J¹](#), [Dempsey AF¹](#).

Author information

Abstract

Human papillomavirus (HPV) vaccine uptake is below that of other routine adolescent vaccines. This is due in part to the fact that the HPV vaccine is often not routinely recommended by providers to all eligible adolescents. While providers' recommendations are crucial, even a strongly stated recommendation can be insufficient among HPV vaccine-hesitant parents. Providers must be prepared to respond to parental concerns following giving the recommendation for the HPV vaccine. This paper presents the analysis of implementation of an intervention aimed at improving provider communication with HPV vaccine-hesitant parents. Healthcare providers and staff at eight pediatric and family medicine clinics received communication training that included motivational interviewing (MI) techniques. Process evaluation in the form of serial surveys, as well as program evaluation in the form of focus groups with participating providers and staff, assessed the perceived efficacy of the intervention. Outcomes included time spent discussing the HPV vaccine during clinical visits, providers' self-efficacy for addressing parental HPV vaccine hesitancy, and their general perceptions of the effectiveness of MI techniques. Overall, findings indicate the intervention improved providers' communication with HPV vaccine-hesitant parents and providers reported the use of MI played a central role in improved HPV vaccine acceptance. Lessons learned and recommendations for future interventions are also discussed.

C-A-S-E Technique

- A new model for talking to parents
- A mnemonic to organize a rapid, useful response
- Draws from Aristotelian teaching on rhetoric
- Created by Alison Singer, MD
 - President, Autism Science Foundation
 - As taught by Dr. Robert Jacobson, MD Mayo Clinic

http://www.mnaap.org/pdf/Making_the_CASE_for_Vaccines_MNAAP.pdf

How to Overcome Vaccine Hesitancy

- Practice the technique to be able to rapidly, confidently address concerns
- Develop tools to support your technique
 - Myth prompts
 - Scripting

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The C-A-S-E Acronym

- Corroborate
- About Me
- Science
- Explain/Advise

General Vaccine Myths

- Vaccines and Autism
- Vaccine Safety
- Vaccine(s) Too New
- Too Many Vaccines (Immune Overload Theory)
- Vaccine Preservatives
- Natural Disease Immunity is Better

HPV Vaccine Specific Myths

- HPV vaccine is too new*
- It's too early to give HPV vaccine
- Giving HPV vaccine early will lead to earlier sexual activity
- We are giving too many vaccines*
- There are toxic preservatives in vaccines*

*Overlap with general vaccine myths

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HPV Vaccine Specific Myths

- HPV will cause... (safety concerns)*
- Boys don't need HPV vaccine
- HPV vaccine can cause HPV infection
- HPV is not effective
- It's better to get immunity by getting infected with HPV*

*Overlap with general vaccine myths

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Vaccine Hesitancy Summary

- Vaccine hesitancy can be overcome in a confident, time efficient way by:
 - Developing standardized office practices to help alleviate fear of pain, needle phobia
 - Practicing motivational interviewing or C-A-S-E technique
 - Using tools to support your technique including live prompts, scripting

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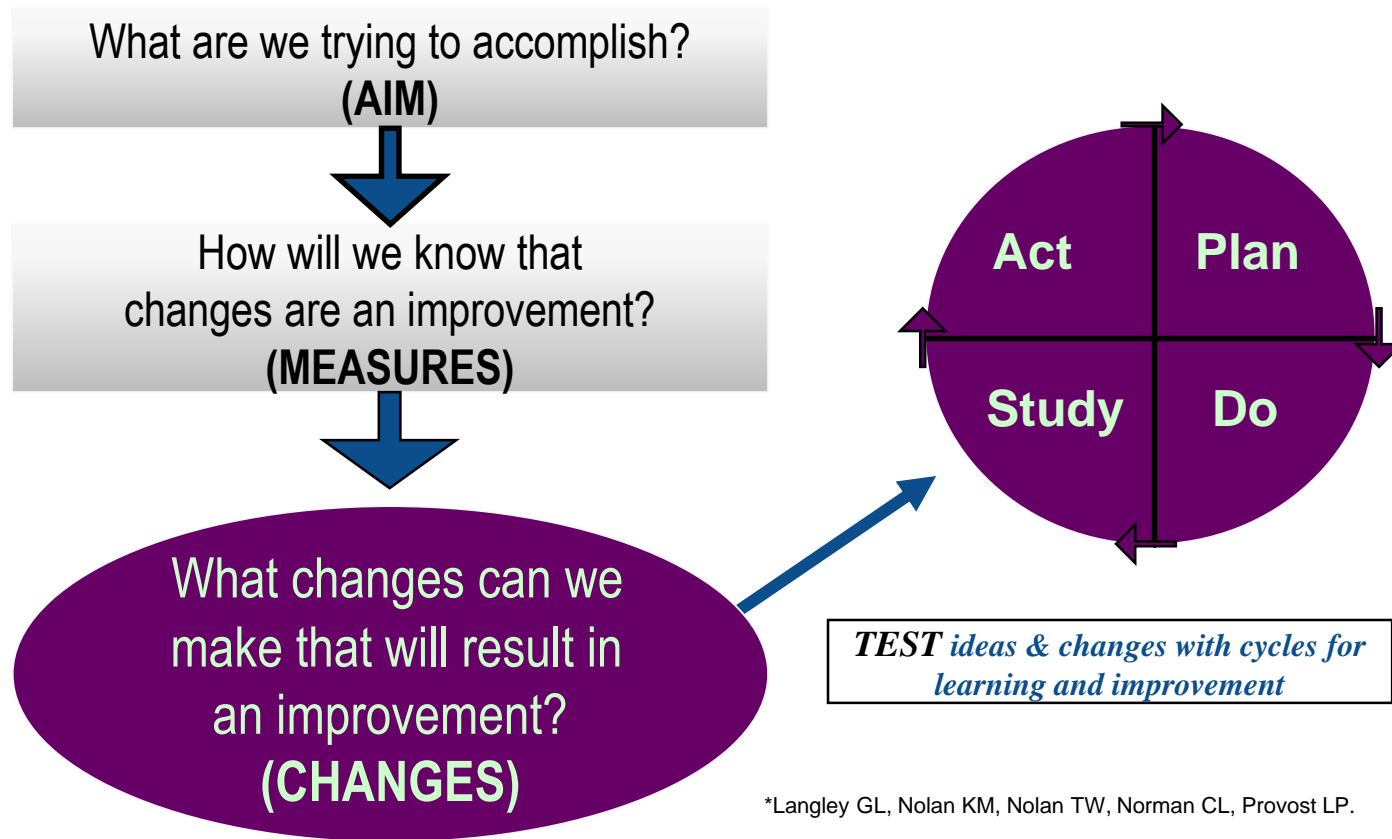
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Top 10 Interventions

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7. Utilizing non-confrontational communication with parents
8. Clinician and staff training on vaccine office systems and communication strategies
9. Ensuring accurate patient lists
10. Using data and rapid cycle testing to continuously improve

The Model for Improvement



Specification

Denominator / Population:

- Male and females 13-18 years of age
- Live Patients with 1 Visit in 18 months prior to extract date
 - Visits with outpatient primary care department billing providers
 - Office or immunization visits with length \geq 15 min

Numerator / Vaccine Identification:

- Count vaccine doses and intervals
- HPV 4 and HPV 9

Attribution:

- EHR identified PCP and Department

Benchmark:

- National Immunization Survey

Reporting

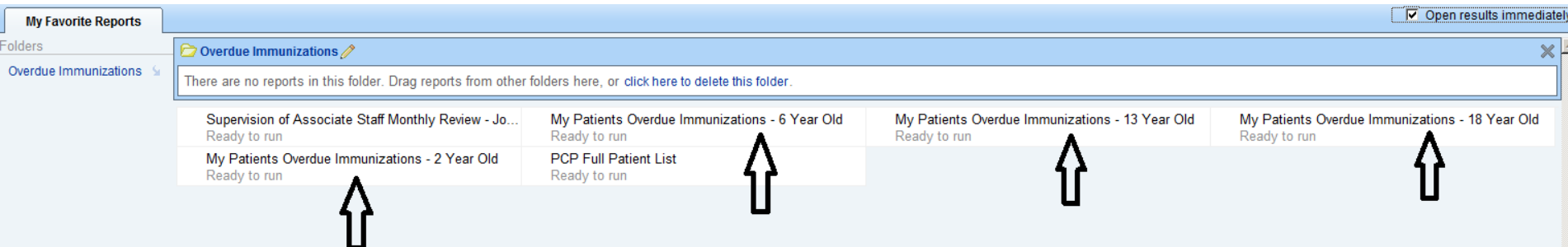
- Quarterly reporting
- Provider specific
- Department specific

The Gundersen Health System Experience

HPV Vaccine Rate Improvement

Alert, Reminder, Recall System

- Individual Provider Use
- Centralized Electronic Alerts and Reminders



Dear Guardian:

As part of our efforts to provide the best patient care, we review your records on a regular basis. We want to be sure all of our patients are up-to-date on clinic visits, labs, immunizations, and treatment goals. A recent review showed that _____ is due or overdue for the following immunizations:

Topic

- Human Papillomavirus Vaccine (HPV) (1)

The recommended vaccines and number of doses by age 13 years are included below:

- DTP 5 or more doses of diphtheria and tetanus toxoids and pertussis vaccine, or diphtheria and tetanus toxoids (DTP/DT/DTaP).
- Polio 4 or more doses of poliovirus vaccine.
- MMR 2 or more doses of a measles-mumps-rubella vaccine.
- Hib 3 or more doses of Haemophilus influenzae type b (Hib) vaccine.
- Hep B 3 or more doses of hepatitis B vaccine.
- Var 2 or more doses of varicella vaccine received at or after age 12 months.
- PCV 4 or more doses of pneumococcal conjugate vaccine.
- Hep A 2 or more doses of Hepatitis A vaccine.
- MCV4 1 dose of meningococcal conjugate vaccine.
- Tdap 1 dose of booster of diphtheria and tetanus toxoids and pertussis vaccine.
- HPV 3 doses of human papilloma virus vaccine.

Please compare your home immunization records to the recommendations above and notify us if any discrepancies or call your primary care clinic and schedule an appointment to update immunizations. Please inform the scheduler you received this letter.

Sincerely,

The Medical Home of RAJIV NAIK, MD

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▶ Healthy Habbits Patient Instructions

0 of 9 selected

▼ Charge Capture

▼ Peds Well Child Charge Capture

- PR Immuniz Admin, 1st Vaccine/Toxoid, Thru Age 18, Any Route, w Counsel
Qty-1
- PR Immuniz Admin, Ea Add'l Vaccine/Toxoid, Thru Age 18, Any Route, w Counsel
Qty-1
- PR Body Mass Index (BMI) Documented
Qty-1

▼ Level of Service

▼ Peds Well Child Prevent Med Code 12-39 years old

- New patient 12-17 years old Prevent Med [99384] [edit](#)
- New patient 18-39 years old Prevent Med [99385] [edit](#)
- Established patient 12-17 years old Prevent Med [99394] [edit](#)
- Established patient 18-39 years old Prevent Med [99395] [edit](#)

▼ Follow Up

▼ Peds Follow Up

- Follow up in 6 weeks [edit](#)
- Follow up in 2 months [edit](#)
- Follow up in 3 months [edit](#)
- Follow up in 4 months [edit](#)
- Follow up in 6 months [edit](#)
- Follow up in 1 year for Wellness Visit [edit](#)
- Follow up in 2 years for Wellness Visit [edit](#)
- HPV Follow up and for next Wellness Visit [edit](#)



▼ Ad-hoc Orders

Add Order

Click the Add Order button to add an order in this section



Dx/Orders



Wrap-Up

Health Mainten...

Immunizations

MyCare Adminis...

Growth Chart

Admin

Medications

Progress Note

Flowsheets

Communications

Asthma Action P...

Problem List

References

Demographics

Order Review

Order Entry

Notes

FYI

Snapshot

Charge Capture

Peds Well Child Charge Capture

- PR Immuniz Admin, 1st Vaccine/Toxoid, Thru Age 18, Any Route, w Counsel Qty-1
- PR Immuniz Admin, Ea Add'l Vaccine/Toxoid, Thru Age 18, Any Route, w Counsel Qty-1
- PR Body Mass Index (BMI) Documented Qty-1

Level of Service

Peds Well Child Prevent Med Code 12-39 years old

- New patient 12-17 years old Prevent Med [99384] edit
- New patient 18-39 years old Prevent Med [99385] edit
- Established patient 12-17 years old Prevent Med [99394] edit
- Established patient 18-39 years old Prevent Med [99395] edit

Follow Up

Peds Follow Up

- Follow up in 6 weeks edit
- Follow up in 2 months edit
- Follow up in 3 months edit
- Follow up in 4 months edit
- Follow up in 6 months edit
- Follow up in 1 year for Wellness Visit edit
- Follow up in 2 years for Wellness Visit edit
- HPV Follow up and for next Wellness Visit edit

Ad hoc Orders

Click the Add Order button to add an order in this section

Associate Primary Dx New Dx Providers Phase of Care

Pharmacy No Selected Pharmacy

Restore Close F9

Disposition and Follow Up Detail

Return on date:

Return in: 2 Days Weeks Months Years

Approximately PRN

Return for: Vaccine only visit for HPV in 2 and 6 months

Check-out note: Vaccine only visit for HPV in 2 and 6 months

Follow-up:

Instructions:

Send copy of chart to:

Recipient	Modifier
<input type="text"/>	<input type="text"/>

Routing comments:

Message priority: High Routine Low

Send reminder 2 days after the encounter is closed

C-A-S-E Technique

- Training across regional GHS systems including:
 - Pediatrics
 - Family Medicine

HPV Myth Prompts












HPV Myths (scientific bullet points to dispel myths)

Use the C-A-S-E method.

C-A-S-E: Corroborate-About Me-Science-Explain/Advise
HPV causes cancer in **Females and Males**.

HPV VACCINE MYTHS  Edit

Note Editor

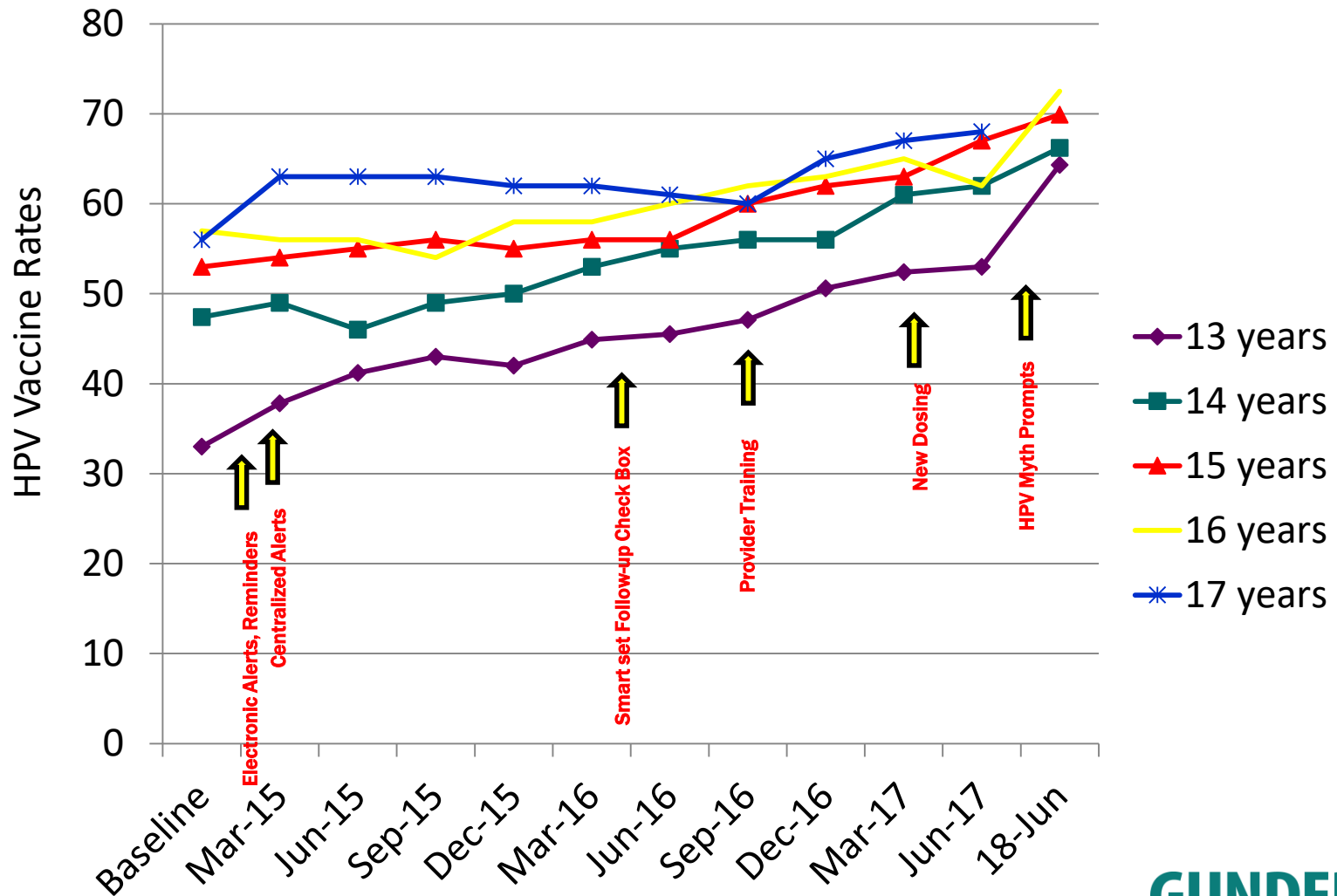
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HPV Vaccine Myth(s)

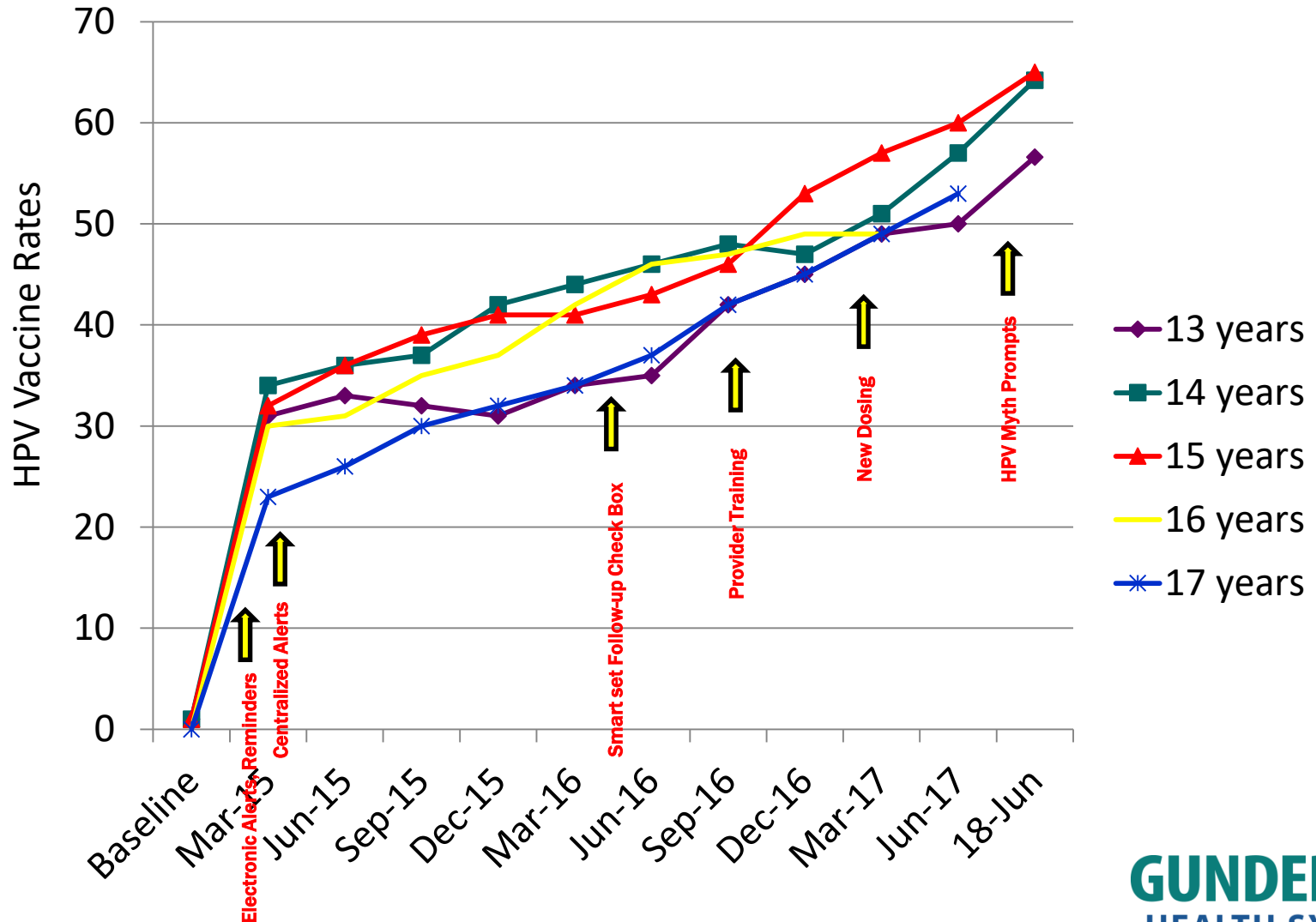
{HPV Vaccine Myths:30900:::0}

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{MYTH01: HPV VACCINE IS TOO NEW:TXT,53842}  
{MYTH02: ITS TOO EARLY TO GIVE HPV VACCINE:TXT,53843}  
{MYTH03: GIVING HPV VACCINE EARLY WILL MAKE PRE-TEEN THINK ABOUT SEX OR LEAD TO SEX:TXT,53844}  
{MYTH04: WE ARE GIVING TOO MANY VACCINES:TXT,53845}  
{MYTH05: THERE ARE TOXIC PRESERVATIVES IN VACCINES:TXT,53846}  
{MYTH06: MYTH: HPV VACCINE WILL CAUSE INFERTILITY, NEUROLOGICAL DISEASE, CANCER, DEATH:TXT,53847}  
{MYTH07: BOYS DON'T NEED HPV VACCINE:TXT,53848}  
{MYTH08: HPV VACCINE CAN CAUSE HPV INFECTION:TXT,53850}  
{MYTH09: HPV VACCINE IS NOT EFFECTIVE:TXT,53852}  
{MYTH10: IT'S BETTER TO GET IMMUNITY NATURALLY BY GETTING INFECTED WITH HPV:TXT,53853}
```

GHS HPV Completion Rates: Females New Dosing



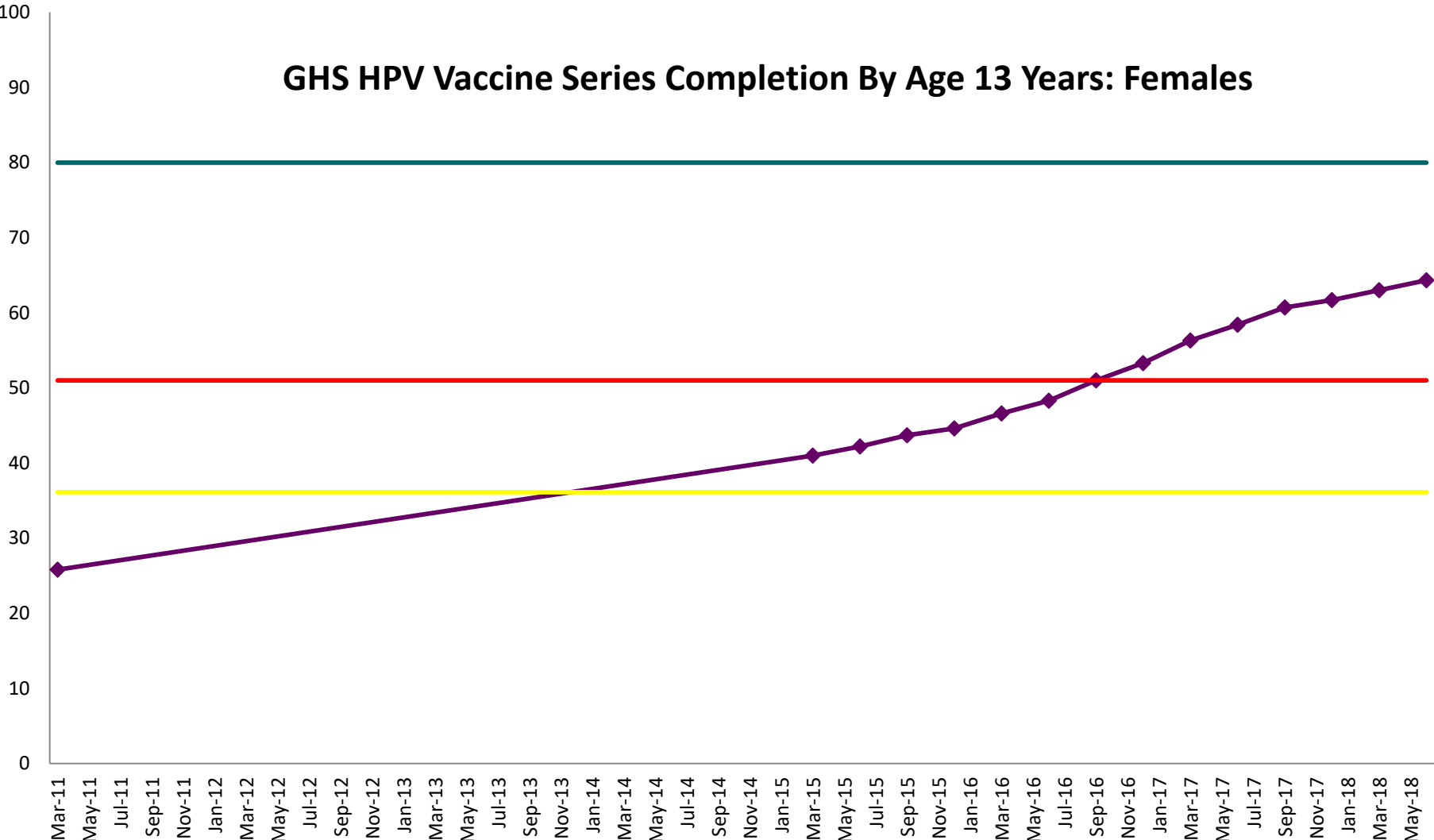
GHS HPV Completion Rates: Males New Dosing



Other Interventions

- General Vaccine Myth Prompts (2018)
- Pay for performance (2018)
 - Individual HCP
 - Team-based
- Targeted intervention for low performers (future)
- Move routine age of HPV vaccine to age 9 years (future)
- Collaboration with other health care partners (future)

GHS HPV Vaccine Series Completion By Age 13 Years: Females



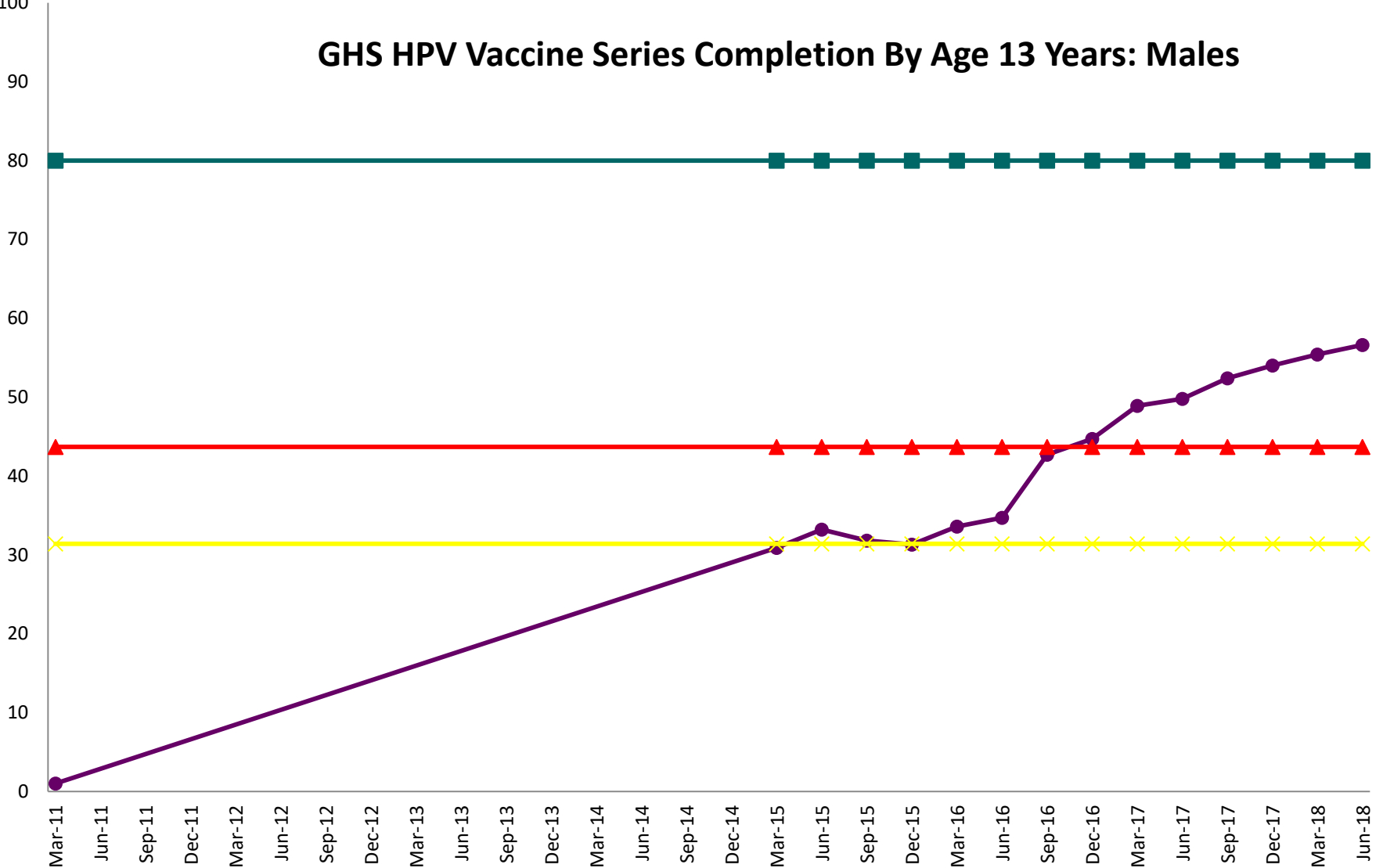
Interventions/Milestones:

- 2014 Electronic Alert and Reminder System for all childhood vaccines
- 2015 March Centralized Alert and Reminder System
- 2016 March Follow-up checkbox for vaccine only visit to complete the series
- 2016 Spring C-A-S-E training to Peds, FP across the entire system
- 2017 Jan New HPV Dose Schedule
- 2017 Jun HPV Myth Buster Electronic Prompts/Scripting

- GHS UTD
- HP 2020 Target
- median
- Nat'l Imm Survey Data



GHS HPV Vaccine Series Completion By Age 13 Years: Males



Interventions/Milestones:

- 2014 Electronic Alert and Reminder System for all childhood vaccines
- 2015 March Centralized Alert and Reminder System
- 2016 March Follow-up checkbox for vaccine only visit to complete the series
- 2016 Spring C-A-S-E training to Peds, FP across the entire system
- 2017 Jan New HPV Dose Schedule
- 2017 Jun HPV Myth Buster Electronic Prompts/Scripting
- 2018 Jan Start of Team Based Pay For Performance for childhood vaccine rates

- GHS UTD
- HP 2020 Target
- ▲ median
- ✕ Nat'l Imm Survey Data



Summary

- To improve HPV vaccination rates:
 - Identify the common barriers to HPV vaccination
 - Learn how to systematically improve HPV vaccine rates by overcoming common barriers
 - Be confident and persistent in your individual counseling
 - Use previously developed resources, tips, and toolkits to enhance your quality improvement efforts

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Appendix: Toolkits and resources

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American Cancer Society Toolkit



Steps for Increasing **HPV Vaccination** in Practice

An Action Guide to Implement Evidence-based Strategies for Clinicians*

*Includes pediatricians, family physicians, general internists, obstetrician-gynecologists, nurse practitioners, physician assistants, nurses, medical assistants, and their office managers



Mission:
HPV **CANCER**
FREE

<https://www.mysocietysource.org/sites/HPV/ResourcesandEducation/Lists/Clearinghouse/Attachments/217/Steps%20for%20Increasing%20HPV%20Vaccination%20in%20Practice.pdf>

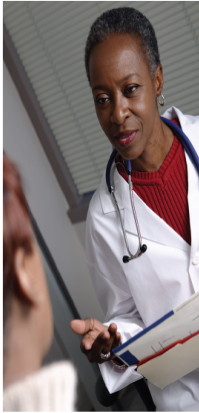
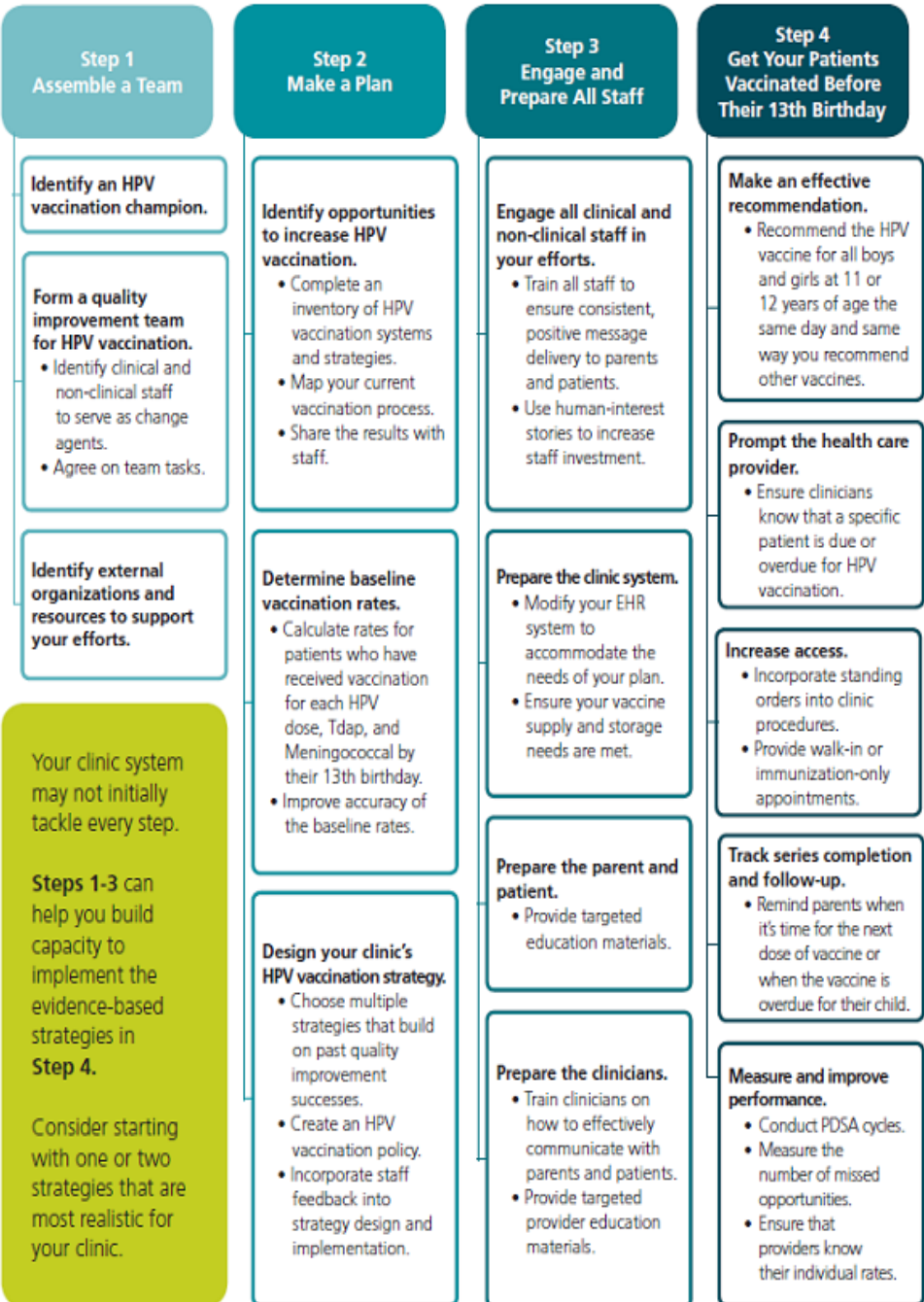
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Increasing HPV Vaccination: An Overview



Steps for Increasing HPV Vaccination in Practice

An Action Guide to Implement Evidence-based Strategies for Clinicians*

*Includes pediatricians, family physicians, general internists, obstetrician-gynecologists, nurse practitioners, physician assistants, nurses, medical assistants, and their office managers

HPV VACs
Vaccinate Adolescents against Cancers



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AAP HPV Champion Toolkit

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Search...

SearchAAP

AAP.org > Advocacy & Policy > AAP Health Initiatives > Immunizations > HPV Champion Toolkit

HPV VACCINE IS CANCER PREVENTION

HPV Champion Toolkit

This toolkit has the best resources available to help you:

- Educate other healthcare professionals
- Discuss HPV vaccination with parents
- Make necessary changes in your practice to improve HPV vaccination rates.

By focusing on ways you can make changes that will lead to improved HPV vaccination rates, YOU are an HPV champion.

HPV

HPV Champion Toolkit

Hub and Spoke Initiative

Change Template on HPV Vaccine

HPV Vaccine Resources

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/HPV-Champion-Toolkit/Pages/HPV-Champion-Toolkit.aspx>

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CDC HPV Vaccination Toolkit

Human Papillomavirus (HPV)

HPV Home

- For Parents & Public +
- For Clinicians +
- For Partners & Programs -
- Outreach to Parents +
- Outreach to Clinicians +
- Establishing Partner Networks +
- Partner Spotlights

Related Links

- Immunization Partners

CDC > HPV Home

For Partners, Awardees, and State Programs

[f](#) [t](#) [+](#)

This toolkit provides resources for state and local organizations interested in enhancing HPV vaccination efforts at the clinician, patient, and partnership level.



The graphic features the text "HPV VACCINATION PARTNER TOOLKIT" in white and green, enclosed in large green brackets on a dark grey background.

<https://www.cdc.gov/hpv/partners/index.html>

NIPA HPV Toolkit

**National Immunization Partnership with the APA (NIPA):
Improving HPV Immunization Rates in Practice-Based Settings
Virtual Toolkit**



HPV Vaccination

• HPV Information

- Morbidity and Mortality Weekly Report: [2-dose](#)
- CDC slideset: [You are the Key to HPV Cancer Prevention](#) - CDC
- Toolkit: [HPV Champion Toolkit](#) - AAP
- Webcast: [Immunizations for Adolescents: Improve Rates, Improve Outcomes](#) - AAFP Members Only
- Handout: [The HPV Vaccine: What Health Care Providers Need to Know](#) - CA Dept of Public Health
- Handout: [HPV VACs Myth Busting](#) - ACS
- HPV Vaccine Information Statements - [Gardasil](#) , [Cervarix](#) - CDC
- Recommendations: [Vaccination Schedule](#) - CDC
- Study: [Human Papillomavirus Vaccination Coverage Among Female Adolescents in Managed Care Plans](#) - MMWR
- Website: [HPV for Clinicians](#) - CDC
- Website: [FAQ about HPV Vaccine Safety](#) - CDC
- Study: [HPV Sharply Reduced in Teenage Girls Following Vaccine, Study Says](#) - NY Times
- Morbidity and Mortality Weekly Report: [Human Papillomavirus-Associated Cancers - United States, 2008-2012](#)
- Webinar: [PDF of HPV Vaccine Safety](#) - CDC
- Morbidity and Mortality Weekly Report: [National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13-17 Years - United States, 2015](#)

http://www.academicpeds.org/niPA/index.cfm?page=HPV_vaccination

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Epic Users

- Gundersen Health System: Epic Clinical Program for “Comprehensive Program for HPV Vaccine Improvement”
 - This program is available to members of the Epic community in the Foundation System. Epic community members can download this program and have Epic staff install it as part of Epic’s Services. If you’re interested, please contact programservices@epic.com.

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Improving HPV Immunization Rates in Children and Adolescents

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Improving HPV Immunization Rates in Children and Adolescents


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EpicCare Ambulatory, Healthy Planet

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Primary Products	EpicCare Ambulatory, Healthy Planet
Versions	Epic 2015 and forward
Core Epic Tools	Reporting Workbench, SmartSets, SmartLists
Last Updated	February 7, 2018

Executive Overview



48% increase in HPV immunization rate

Human papillomavirus (HPV) is the most common sexually transmitted infection in the world and can cause cervical, vaginal, vulvar, penile, anal, and throat cancers (1). To prevent infection, the CDC recommends that all children receive a series of HPV immunizations at age 11 or 12 (2), and Health People 2020's target immunization rate for HPV immunization for both boys and girls between the ages of 13 and 15 is 80% (3). Despite this recommendation, however, only 43% of American teens are up-to-date on their recommended HPV immunizations (4).

There are several reasons why patients might not complete the HPV vaccine series:

1. Missed opportunities to immunize. HPV immunization requires a series of two or three vaccines over several months to be effective. Patients who receive the first dose of the vaccine might not make and keep appointments for the second and third dose. Clinics might not have standardized scheduling practices for return visits to complete the series of vaccine doses. Providers might also fail to identify patients who are due for HPV vaccines when the patient presents for a non-wellness visit. All these factors can contribute to incomplete vaccination, which leaves teenagers unprotected.
2. Patient or family hesitancy to immunize. There are many misperceptions about vaccines in general, but myths are especially common around the HPV vaccine. For example, parents might mistakenly believe that the vaccine is ineffective, too new to be trusted, or not necessary for boys.
3. Provider hesitancy to immunize. Providers might be hesitant to recommend HPV vaccination because they hold misperceptions about the vaccine, they lack the necessary training to engage patients and families in discussions that dispel myths, or they fear that discussing the vaccine is too

Vaccine “Myth Busters”

- HPV Myths (in handouts)
- General Vaccine Myths (in handouts)
- Or contact Email:
rmnaik@gundersenhealth.org

App Store



App Store Preview

This app is only available on the App Store for iOS devices.



HPV Vaccine: Same Way Same Day 4+

Kognito Interactive

Free

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Screenshots iPhone iPad



Description

For pediatricians or PCPs looking to improve HPV vaccine rates, communication is key. In this app, you will practice techniques to introduce and discuss the vaccine with parents and young patients, including those who may be hesitant to immunize.

HPV vaccines are one of the safest and most effective vaccines with a huge potential to save lives, yet have one of the lowest usage rates. HPV Vaccine: Same Way, Same Day™ is a role-play simulation where you play the role of a pediatrician and engage in a series of practice conversations with a virtual family. Through these scenarios, you will learn how to:

<https://itunes.apple.com/us/app/hpv-vaccine-same-way-same-day/id1356847181?mt=8>

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